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ORIGINAL DEPARTMENT.

LECTURE.

THE GALVANIC TREATMENT OF BED SORES AND ULCERS.

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Reported by GEO. S. HULL, M.D., Resident Physician.

Bed sores are among the most disagreeable and troublesome complications of chronic diseases of the nervous system. In such affections as cerebral or spinal softening, chronic spinal meningitis, and the various forms of sclerosis, unless the greatest care is taken, and even sometimes in spite of close attention and proper precautions, annoying and obstinate sores will form on those parts of the body subject to pressure or attrition, or to the action of irritating discharges. You should, of course, be on the watch to prevent their occurrence; an ounce of prevention in such cases being emphatically worth a pound of cure. Among the most useful means, both of prophylaxis and cure, I need only mention the use of the water bed and of air and water cushions.

Charcot, the distinguished French neurologist, has pointed out the curious fact, that occasionally, in cases of cerebral hemorrhage, a few days after the "stroke" an acute bed sore or eschar will form on the buttock of the paralyzed side, long-continued pressure having nothing whatever to do with its production. In rare instances the sore occurs on the sound side. In a case of this kind, usually, at first an erysipelatous blush makes its appearance, in

the centre of which a vesicle is soon seen, and this breaking down, a formidable sore rapidly results. The large bed sore which you see on this woman, who is prostrate from an attack of right hemiplegia, corresponds, in its history, to the description of Charcot. It covers, you observe, a large portion of the right buttock.

If, notwithstanding your careful attention, bed sores occur; if you find them present on being called for the first time to a case; or if the acute bed sores of Charcot should form, it is important to know how they can most promptly and effectually be combatted.

Plans of treatment without number have been tried and recommended. Brown-Sequard strongly advocates the use of alternate hot and cold applications. For ten or fifteen minutes, daily, sponges soaked in hot and cold water can thus be employed, or ice bladders alternating with hot poultices may be applied. The effect is to stimulate the circulation and to promote the formation of granulations. The simple water dressing, the use of carbolyzed oil, and washes of carbolic acid and potassium permanganate, stimulation with solution of the nitrate of silver and sulphate of copper, packing with iodoform powder, the application of charcoal poultices and of various ointments, and powdering with oxide of zinc, are other methods, used singly, or some of them in combination, doubtless all more or less familiar to you. I wish, however, to-day, to speak to you of a plan or treating bed sores, which, in my experience, has proved highly efficacious, and which, although not new, is but little employed. The method to which I refer is attributed by Hammond to Crussel, of St. Petersburg (*Neue Med.*

Chirurg. Zeitung, No. 7, 1847, p. 235). It consists in the use of the galvanic current supplied by a single pair of metallic plates.

In a small volume of interesting "Lectures on Electricity and Galvanism," by Dr. Golding Bird, published as a reprint by William H. Hazzard, of Philadelphia, in 1854, the action and value of feeble currents of electricity are ably discussed. He recalls the classic experiment of Galvani on the frog, and the investigations of Aldini, Matteucci, Marshall Hall, and others, in animal electricity. He adduces facts to illustrate the effects that can be produced by a single pair of plates. Aldini placed a zinc plate in the mouth of a recently killed ox, and a piece of silver in the anus; on connecting them with wire, the abdominal muscles were convulsed, and a discharge of feces occurred. Acharn, of Berlin, repeated this curious experiment on himself. Humboldt connected a piece of metal in the beak of a dying linnet with another in its bowels, when, in an instant, the bird appeared to be resuscitated, it opened its eyes, stood up, flapped its wings, breathed for eight minutes, and then quietly died. He then experimented on himself, blistering a small surface over both deltoid muscles, placing on the raw surfaces plates of zinc and silver, and joining the plates by a wire. Shocks and muscular contractions were experienced. The blister to which the silver was applied soon healed, the other discharged for a long time.

Dr. Bird gives the details of a case of hemiplegia, treated, with very marked improvement of the paralytic symptoms, by metallic plates. Two blisters were formed, one about the insertion of the deltoid, and the other above the posterior part of the wrist-joint. A plate of zinc, with a copper wire attached, was applied to the upper, and one of silver to the lower. Over each plate water dressing was applied. A large slough formed under the zinc plate, and some pain and spasmodic action were at times produced in the muscles of the arm.

An electric moxa which will take the place of the ordinary issue, seton, or cautery, may be formed in this way by the action of metallic plates, through the application of zinc to one blistered surface and silver to another. The plates, after the experiments of Dr. Bird, were tried by Mr. Hinton and others, in the treatment of indolent ulcers and scirrhus cancer, the silver plate being applied to the sore in the former case, and the zinc in the latter.

In an appendix to Dr. Bird's Lectures is an interesting letter from Mr. Spencer Wells, on the use of metallic plates in the treatment of ulcers and similar conditions. Mr. Wells was at that time, some thirty years since, a surgeon in the English Royal Navy. In October, 1847, he wrote a paper on certain sanative effects of galvanism, which was published in 1848, in the *Medical Gazette*. It contained a short statement of the results of the application of plates of zinc and silver, connected by a silver wire. The statement was drawn up after reading reports of upward of forty cases furnished by students of the Civil Hospital at Corfu, these having been treated by a very able naval surgeon, Dr. Cogevina. Mr. Wells subsequently applied the plates in many cases of ulcer, and in a few of fistula, fungous granulations, and nervous disorders.

I will briefly recapitulate some of the facts and conclusions brought forward by Mr. Wells. The two metallic plates should be smooth and clean. One, usually that of silver, is applied directly to the sore, the other to the body a few inches above. The zinc plate is moistened with vinegar or an acid solution, and is placed on the skin without the intervention of any other substance. When the zinc is laid on an excoriation, and the silver on a suppurating surface, an eschar, and eventually a deep slough, is produced under the former. When the zinc is placed on an ulcer with an indolent or lardaceous base, a soft slough is formed, which separates in two or three days, leaving healthy granulations. In the cases in which these experiments were tried by Mr. Wells, the silver was applied to a natural or artificial abrasion below the position of the zinc.

The healthy granulations left by the zinc plate rise rapidly to the surface level; if the silver plate is now put in the position before occupied by that of zinc. Mr. Wells says most emphatically that he has found no means so capable of uniformly producing a rapid growth of healthy granulations as galvanism used in this manner. He speaks of the successful treatment of contagious sloughing ulcers, and of annular ulcers produced by what sailors call a "burn with a rope." The zinc plate destroys flabby exuberant granulations or fungous growths, but is not as good as ordinary caustics for this purpose. The silver plate should not be left upon the granulating surface after this has reached the level of the surrounding tissues,

or the granulations will become exuberant, flabby, and sometimes fungous. When the silver plate is applied on the superior part of a very large ulcer, this only improves in appearance, while the inferior portion degenerates; but if the plate be placed upon the lower portion only, the whole surface of the ulcer improves equally. Where several ulcers exist upon a limb, and the zinc is applied to a superior, and the silver to an inferior one, or to denuded surfaces, all the ulcers situated in a direct line between the two plates improve in appearance, become healthy sores, and cicatrize, while those on either side of the current remain unaltered and sometimes degenerate. When the silver is applied upon the extremity of a fistulous sore, but little effect is produced; but, if a projecting portion of the silver be carried to the bottom of the fistula, granulation rapidly follows. This plan answered perfectly in a case of perineal fistula.

These, gentlemen, are some of the striking results arrived at and published by Mr. Spencer Wells, thirty years ago. Professor Hammond, in his work on *Nervous Diseases*, states that Mr. Wells, during a recent visit to this country, reiterated his opinion that the use of galvanic plates was the best of all methods of treating indolent ulcers and bed sores.

On taking charge of the wards for nervous diseases in this hospital, I found several examples of bed sores from the usual causes, and one probable illustration of the acute hemiplegic eschar of Charcot. On these I determined to test the efficacy of the galvanic plates. I have also had the opportunity, through the kindness of Dr. J. W. White, of the surgical staff, of treating cases of chronic leg ulcer by the same method.

My success has been all that I could desire. My usual plan of procedure has been much the same as that described by Hammond in his text-book. A thin silver plate is cut to the size and shape of the bed sore, and is connected with the zinc plate by a silver or copper wire six or eight inches long. The silver plate is placed over the bed sore, and the zinc above on the sound skin, a piece of chamois skin, which is kept moistened with vinegar, intervening.

The apparatus is held in position by adhesive strips, or a bandage, or by both. Instead of chamois-skin, paper lint, or anything that will retain moisture, may be used. Mr. Wells, as I have already stated, says that the plates should

be applied to the body without the intervention of any other substance, simply moistening the zinc with vinegar or an acid solution. The effect can be produced in this way, or by only having the moistened cloth under, or partly under, the zinc; the acidulated material can be made to reach from the zinc plate to just beneath the edge of the silver, not, of course, extending it into the sore itself. If the moisture is applied directly to the zinc and the skin it may require to be repeated oftener than is at all times convenient or possible.

You have had the opportunity of witnessing the beneficial effects of these plates in five bed sores. Deep, unhealthy sores have rapidly filled up and become healthy looking, cicatrization taking place in an unusually short time, under the galvanic stimulus. Several cases of chronic ulcer of the most unpromising type have also been successfully treated in the surgical wards. One large bed sore had obstinately refused to yield, or even to improve, under any treatment. It was between four and five inches in width, and fully half an inch deep, and had burrowed considerably. It had an ugly, beefy appearance, with no evidence of granulations. I applied the silver plate, and within twenty-four hours a decided change for the better had taken place. Healthy granulation proceeded with great rapidity, the surface level being reached in a little more than forty-eight hours.

In one instance, through inadvertence, the plate was so applied to a large bed sore as to allow a lower corner to remain uncovered. The next day this small area presented a dark, unhealthy appearance, and emitted an offensive odor, the rest of the sore having made marked improvement. On reapplying the plate so as to include the neglected space, the latter soon took on healthy action.

Mr. Wells, it will be remembered, speaks of ulcers situated in a line between two plates improving, becoming healthy, and cicatrizing, while others remain unaltered or degenerate. In one case treated by me four ulcers were situated on the inner side of the left leg. To the largest of these I applied the silver plate, the zinc being so placed that two of those remaining were in a line between the two metals. These two began at once to improve, one of them healing entirely in four days, and the other a couple of days later. The fourth ulcer, below the one on which the plate was first

employed, improved more slowly, requiring a direct application of the plate.

Hammond states that during the last twelve years he has employed this method to a great extent in the treatment of bed sores caused by diseases of the spinal cord, and with scarcely a failure—indeed, he says, without any failure, except in two cases, where deep sinuses had formed, which could not be reached by the apparatus. Remembering the observations of Mr. Wells on fistulous sores, in one case in which the bed sore had formed a deep sinus on one side, I had the silver plate cut down to a suitable size and shape, and introduced it directly into the sinus with the happiest effect, granulation and closure of the opening rapidly taking place.

At the risk of repetition it may be well to emphasize some practical points in carrying out the galvanic treatment of bed sores and ulcers. When, under the stimulus of the plates, the granulations have reached the level of the skin, and a marginal blue rim announces the beginning of cicatrization, the apparatus should be removed and some simple dressing applied. You may, for instance, use the water dressing, or carbolized or benzoated zinc ointment; or the ulcer can be strapped daily with equal parts of mercurial and soap plaster, as recommended by Dr. Wandelbaum, of Odessa. It is quite possible to continue the galvanic stimulation too long. When ulcers or bed sores present an indolent, unhealthy appearance, you can sometimes get better results if, before applying the plates, the diseased surface is actively treated with ordinary caustics, until a slough separates and leaves a fresh base. If one part of a sore should fill up and begin to heal before another, it may become necessary to reduce the size of the plate, or to apply it so as to cover only the tardy portion, thus preventing the plate from acting as an irritant to a surface already sufficiently stimulated. The supply of acidulated moisture must be carefully attended to by the nurse. The same attention to cleanliness should be given in carrying out this as in pursuing any other plan of treatment. The plates should be cleaned off once or twice daily; and the occasional use of potassium permanganate or carbolized washes may help to a favorable result. Care should be taken to place the zinc plate on unbroken and uninflamed skin, or an undesirable slough may be produced. I am engaged on some experi-

ments to test the efficacy of single plates of silver, zinc, and other metals, but am not yet prepared to report on the subject.

Another electrical method of treating bed sores and ulcers which I have instituted and used with success, is to connect, by means of a wire, a silver plate cut to the size of the sore and placed upon it, with the negative pole of a galvanic or continuous current battery, an ordinary sponge rheophore, or a zinc plate connected with the positive pole, being applied to the body a few inches distant.

Since making use of galvanism in this way, I have read an account of the treatment of ulcers by the continuous current, published by M. Staes-Brame in the *Bulletin Medical du Nord*, and quoted in the *British Medical Journal*, and in the *MEDICAL AND SURGICAL REPORTER* for March 30th, 1878. The first case reported was that of a man, aged thirty, in whom one of two large atonic ulcers had failed of cure under treatment by prolonged rest, compression, and tonics. M. Staes-Brame covered the wound with a plaque of metal, which he put in communication with the negative electrode of a continuous current battery, the positive pole being applied to the skin of the thigh. In two days the cure was complete. The second case was a workman who had been burned on the foot by concentrated sulphuric acid. A deep ulcer, which defied treatment, was left. He tried the continuous current as before; and after eleven applications, of ten minutes each, the wound had completely cicatrized.

COMMUNICATIONS.

EPILEPSY—ITS ETIOLOGY, PATHOLOGY AND TREATMENT.

BY GEORGE J. ZIEGLER, M.D.,

Of Philadelphia.

From the frequent reference to bromide of potassium as the remedy *par excellence* for epilepsy, it would seem as if there was a general impression that the etiology and pathology of this formidable disorder were the same in all cases alike, whereas, in reality, it is dependent upon a variety of causes and conditions, psychic and physical, organic and functional, centric and eccentric, extraneous to, and inherent in, the animal organism. It may be hereditary or acquired, and even be artificially

induced, as exemplified in Brown-Séquard's Guinea-pig, and result from physical irritation, centric or reflex, or mental excitement, fret, worry, depression, or fright, local hyperæmia, anemia, and diathetic changes in the fluids and solids of the body, with tumors, depressed, thickened, exostosed, spiculated or diseased bone, wounds and foreign bodies, as well as from hypertrophy, atrophy, and interstitial modifications of the neural tissue itself, as in indurations, neuromata, syphilis, etc.; also from irritation and undue excitement of the genital and other organs, sexual excesses, masturbation, defluxions, worms, irritant ingesta and indigestible food, with reflex irritation of various kinds and degrees from all parts of the system, internal and external, even from that of a simple caruncle or corn, the symptomatic phenomena being both mental and physical, with or without convulsive action, varying in degree of intensity from the slightest *petit-mal* to the severest *grand-mal*.

As a necessary corollary from this varied etiology and pathology of epilepsy, it is obvious that there cannot be any specific for this disease, and that no single remedy, or admixture of medicinal agents, will apply in all cases alike, even for the basic or primal irritation, but that only by a judicious selection, combination and adaptation of remedial agencies, from the whole range of practical medicine and surgery, in accordance with the peculiarities and special indications in each particular case, can any prospect of relief be afforded the unfortunate victims of this terrible malady. This treatment must also be adapted to meet the diversified indications during or immediately preceding the attack, as well as during the intermission, to overcome the predisposition to, remove the causes of, and resolve the disease altogether.

It is thus apparent that the differential diagnosis of the causes and pathology of epilepsy is of paramount importance to determine the special indications for treatment, and the particular agent or means required for relief in any given case. In those cases in which there is existing cardiac sedation, and deteriorated blood crasis, with a general scorbutic diathesis and decadence, potassium is especially objectionable, and will do more harm than good, being both inapplicable and liable to induce secondary disorders which may complicate the primary affection, and either retard the cure, or worse still, intensify the existing

malady, as well as inflict other injuries upon the already suffering organism. Two recent cases may be cited in illustration of this contraindication. One, of a young woman, who clandestinely left her home in a neighboring town, and came to this city with a young man, who shortly after deserted her. She was of a nervous temperament, with strumous diathesis, and had been subject to spasms before. These were evidently dependent upon a hysterical and erotic disposition, latterly intensified by mental anxiety, mortified pride, and disappointed affection. Her general condition of physical and mental prostration, with malnutrition, scorbutic blood and lax organization, contraindicated potassium or other solvents and depressants.

The other case was that of a young and ambitious lady, whose parents lost their all and died, leaving her dependent in early life upon relatives. She labored hard to support and educate herself, and succeeded so far as to gain a position as clerk and copyist, even entering upon the study of medicine, but was obliged to relinquish it in consequence of the increasing frequency and intensity of her attacks. The first spasm occurred when she was about sixteen years of age, and increased from time to time at short intervals, until she was nineteen, when she consulted me. She was of a highly nervous temperament, had constant headache, with scorbutic blood, feeble pulse, defective circulation, calorification, secretion, and excretion, though menstruation regular, her bowels not being moved without purgatives or enemata sometimes for nine days. With a predisposition to nervous excitability and disorder, her disease was apparently due to excessive work of mind and body, mental anxiety, worry, and disappointed ambition. This patient had a noteworthy anæsthetic experience. Upon one occasion she was anæsthetized with nitrous oxide, to have a tooth extracted, and remained insensible for an hour. At another time she was anæsthetized with the same agent, and had several teeth extracted by a different operator, when she continued unconscious from near 9 A.M. till 7 P.M., about ten hours. She had repeatedly been put under the influence of chloroform to relieve her spasms, without the same dangerous effects, doubtless due in part to its more careful administration and better adaptation to her case.

In both these cases, with others that might

be cited, potassium was contraindicated by the scorbutic condition of the blood, enfeebled action of the heart, defective circulation, and atonic state of the general system, while the anæsthetic, secernant, and other sanative influences of bromine were indicated. Hence, in this compound bromide of potassium, we have a combination of properties which are often therapeutically antagonistic. Thus, in the treatment of epilepsy, of the two constituents of bromide of potassium, the anæsthetic, depurant, and alterative effects of bromine are frequently desirable, while the depressant, solvent, and disorganizing properties of potassium, with its concomitant cardiac, and constitutional debility, are generally objectionable. The same objections do not, however, apply so fully to the analogous compound of ammonium bromide, which may, indeed, be often advantageously substituted for the potassium, the ammonium stimulating instead of depressing the heart and general circulation, but likewise acting as an organic solvent and disintegrant, actively disorganizing, the same as the former. These properties necessarily limit the applicability of these agents to that narrow class of cases in which such effects are required, and when judiciously administered will prove useful. The sodium and calcium bromide have also a limited but useful application in the treatment of epilepsy, their alkaline bases tending to increase, rather than diminish, the consistency of the fluids and solids of the body. But, as the effects of the alkalies and their bases are often undesirable, they may be obviated or prevented altogether, by alternating or substituting hydrobromic acid, brominated camphor, and other non-alkaline preparations of bromine, some of which have a wide range of usefulness in this disease. Hence, as the beneficial effects of bromine may be readily obtained in other forms and combinations without the often injurious action of the alkaline bases, there is no necessity for the indiscriminate and undue administration of the latter in conjunction therewith, in this or any other disorder. Neither is it advisable to administer the former unduly, but in all cases to select and change the remedy according to the special necessities, and varying conditions of the case, avoiding both super-alkalinity and brominism as deleterious.

Many other remedial agents are also useful in the treatment of epilepsy, but these will not be discussed, as it is not the design of this paper to

do more than merely present a few salient points for consideration, and urge especially the paramount necessity for the most accurate differential diagnosis of the etiology and pathology of this complicated disease, to insure the desired success in its treatment. Thus, as the causes of epilepsy are numerous and diversified, and its pathology complicated, it is obvious that its treatment must necessarily be varied accordingly, to meet the peculiarities and special indications in each particular case, to secure the best results.

249 S. 15th St. Phila.

A CASE OF MOVABLE KIDNEY.

BY D. B. D. BEAVER, M.D.,

Of Reading, Pa.

Movable kidney is an affection of infrequent occurrence, and is often mistaken for other and more serious diseases. The error in diagnosis is probably oftener due to the fact that the existence of the disease is overlooked, than to any difficulty in recognizing it when its occurrence is borne in mind. In view of this the subjoined account of a marked case is reported.

Mrs. —, widow, aged thirty-three, of small stature, with dark hair, skin and eyes, presented herself for treatment, January 14, 1878. She thought herself perfectly well until the birth of her last child, three years ago. Since that time she has not had a "well week," and has been receiving medical treatment continuously. During the last year and a half she was treated for "womb disease." She was married at the age of twenty, has had three children, and says her labors are quick and easy, although she refers the beginning of her illness to the last childbirth. Soon after this confinement she began to have attacks of diarrhoea, lasting from one day to a week, alternating with costiveness, and accompanied by pain in the "stomach." These attacks were not brought on by errors in diet, as they would appear regardless of what was eaten. The stools were not watery, but of nearly normal color and consistence. Both the diarrhoea and pain were always relieved by opium and rest in bed, and their disappearance was accompanied by abundant discharges of flatus from the bowels. The paroxysms recur at irregular intervals, varying from a few days to one or two weeks. She thinks they are sometimes induced by bodily exertion, such as walking and housework. This condition, with

bad appetite and general weakness, continued until about a year ago, when pain in the back and right side, and the appearance of a "lump" in the right side were superadded, and recurred at irregular intervals with the other symptoms, to the present time. At present she says she generally feels cold, especially the feet and legs; often has flushes of heat, and suffers hysterical attacks when the pain in the back and side is severe, during which she partially loses control of herself. She is unable to attend to her household duties, and is confined to bed about half the time. She has "frightful dreams," and has had headache every day during the last four weeks. The pain in the head is located between the temples; it is never preceded nor accompanied by nausea; is aggravated by talking and movement of the body, especially stooping, and relieved by rest and quietude. There is pain and tenderness on pressure over the seventh and eighth dorsal vertebrae, and at times pain extending from these points around the right side, to the middle of the body. There is no evidence of disease in the cavity of the pelvis, excepting a discharge of viscid, glairy mucus from the os uteri, with catarrh of the cervix.

Examination of the abdomen discovers a tumor of the size, shape and feel of a kidney, the lower extremity of which rests on a line drawn from the anterior superior spinous process of the right ilium to the umbilicus, one inch to the right of the latter point, its long axes pointing upward and outward. The body being emaciated and the abdominal wall flaccid, the tumor can be grasped easily with the hand. Slight pressure upon it gives rise to pain; and pressing it between the thumb and fingers produces, besides pain, an indescribable sickening feeling. It is movable, and when the patient lies on the back it recedes, so that the lower extremity can barely be felt below the edge of the ribs; but quick and deep pressure in the right loin impels it forward and downward against the abdominal wall, from which it immediately again recedes when the pressure is removed. It can be felt, moved and measured by a combined movement of both hands, by pressing with one on the loin while the other makes pressure on the abdomen a little to the right of the middle line, just below the ribs, and in an upward and backward direction. In the erect posture of the body the right loin appears slightly flattened, and is painful under pressure. It also

resists pressure less than the left, and the percussion note is more resonant over it than over the left loin.

When questioned as to any connection between the tumor and the pain and diarrhoea, the patient says that she always has the "lump" in the stomach when she has pain and diarrhoea. There is then, also, an almost constant desire to pass urine. After rest in bed, on the right side or back, the pain, diarrhoea, frequent micturition, and the tumor disappear, with free discharges of wind from the bowels; while lying on the left side aggravates all the symptoms when present, and walking, sweeping, and violent bodily exertion of any kind brings on the whole train anew.

The treatment ordered comprises a tightly-fitting bandage around the loins, with a pad on the right side of the abdomen; a blistering plaster to the tender points on the spinal column; a pill containing phosphide zinc, gr. $\frac{1}{10}$, ext. nux vom., gr. $\frac{1}{4}$, with pwd. iron, gr. $\frac{1}{4}$, after each meal; and a solution of nitrate silver, grs. xl, to $\mathfrak{z}\text{j}$ to cavity of uterus.

16th. Returned to-day, feeling much better. Has not had any pain or diarrhoea, but much headache since last visit. Complains much of acidity of the stomach after meals. Applied faradic current to spine, and ordered hypophosphite soda, grs. v, to be taken after each meal. She is also to continue the pills.

26th. Is still improving. Attends to all her duties uninterruptedly.

February 5th. She has been here on alternate days since last note, to have electricity applied to spine. Has not had pain, headache, nor diarrhoea, and has felt well. She is to put another blister to spine, and continue the other medicines.

March 2d. Says she gets slight pain in the right side of abdomen when she walks much or works too hard, but feels better than at any time for three years. Is to continue the pills and hypophosphite of soda, and stop the use of electricity.

27th. Continues to wear the bandage. Feels well generally, and has gained flesh and strength. Attends to all her household duties, but gets pain in the right side of abdomen occasionally, from over exertion of the body.

April 25th. Heard from patient to-day, and learned that her condition is about the same as when last noted.

The symptoms of this case arrange themselves

naturally into two distinct groups, one pointing to a local lesion, and the other to an irritation of the nervous system. The periodical pain, looseness of the bowels, and frequent micturition, were undoubtedly induced directly by pressure and traction upon the adjacent organs by the dislocated kidney. As the case progressed the cerebro-spinal nervous system began to suffer, and there was developed a state of irritation which manifested itself in functional disturbance of organs distant from the local disease, as shown by the headache, flushes of heat, indigestion, etc.

It would have been a matter of interest to examine the urine, to ascertain the condition of the dislocated kidney, but none could be obtained, as the patient refused it.

The history of this case illustrates well the diversity of reflex disturbances which may result from a local lesion, which, in itself, is not dangerous to life.

A CASE OF STRYCHNIA POISONING, WITH RECOVERY.

BY P. H. BAILHACHE, M.D.,

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On Sunday morning, the 28th ultimo, J. L., eighteen years of age, took, with suicidal intent, "ten cents' worth" of strychnia, supposed to be five or ten grains. Dr. E. R. Baer and myself were called as soon as it was discovered, and arrived together at the house probably an hour after the drug had been taken. The young man's mother stated that she had given him the white of an egg, a teacup of sweet oil, some salt and water, and a small dose of ipecac, and that she was obliged to pry his mouth open with a spoon to get her remedies down. He had taken his breakfast of three eggs, some bread and butter and a cup of coffee, nearly three hours before. When we entered the room he was making some feeble efforts at vomiting, and we immediately aided his efforts by copious draughts of mustard and warm water between the tetanic spasms, which were, as yet, infrequent. We sent for bromide of potassium, apomorphia, chloroform and tannic acid, in the meantime continuing the mustard water freely. He had copious emesis, and appeared to be greatly relieved by the introduction of warm water, cold water producing violent tetanic spasms, and we were obliged to use warm water as a menstruum in giving the

bromide, etc. Opisthotonos occurred frequently, and the spasms continued at irregular intervals for several hours, but were quickly relieved by chloroform inhalation, and somewhat controlled by the patient himself, who seemed very anxious to recover, and retained consciousness throughout. The skin was cool; pulse 120, and irregular; respiration difficult, with spasms of the muscles of the neck, threatening suffocation; vision impaired (strabismus); and stiffness of both extremities continued several hours after all alarming symptoms had disappeared.

Dr. Morawetz, the family physician, arrived about two hours after the case had been in our hands, and suggested the administration of Calabar bean, but as we felt that the worst had passed, the spasms occurring less frequently and much milder, it was finally deemed unnecessary to resort to its use. The patient gradually recovered without further medication, other than an occasional resort to chloroform, strong hot tea and hot beef tea—having been under the toxic effects of the drug about six hours.

He passed an abundant quantity of urine at intervals, dating some three hours after taking the poison, analysis proving it to be heavily loaded with strychnia.

The interesting points in this case are: the large dose of poison taken, the rapid emesis produced by the mustard water (it is the second case of poisoning by strychnia in which I have used it satisfactorily), notwithstanding the well known difficulty of producing emesis when this drug is taken, the copious discharge of strychnia-loaded urine, and the remarkable antipathy evinced by the patient to cold water, crying out against its use and begging to have it taken out of the room. The mere sound of pouring water, a breath of air, or any noise in the room would, of course, send him off into a tetanic spasm.

PUERPERAL FEVER.

BY L. N. DAVIS, M.D.,

Of Farmland, Ind.

Since the subject of Puerperal Fever has been commenced in the *REPORTER*, allow me to add a case which presents a few points of special interest. I do not fear that the subject may become trite or threadbare; for one of such vast importance, and one upon which there is such difference of opinion, cannot be

handled too much, or be too often brought before your readers.

I was called, April 22d, 1878, at 9 A.M., to see Mrs. Alice H., with Dr. H. From the doctor I got the following history: Patient, primipara, of previous good health and surroundings; had a 'natural and easy labor of three hours' duration, one week ago to-day, in which Dr. H. was the attendant. Progressed well enough, seemingly, although there was profuse sweating and offensiveness of the lochia until the sixth day, when there was a cessation of the lochial discharge; there were three diarrhoeal discharges from the bowels, with diminution of the milk secretion.

On the seventh day after confinement she had an attack of palpitation, with general nervous excitement, during which there was some aberration of the mind, and after which the lochia was reëstablished. She presented striking pallor of face and lips, with marked tympanitis, but no tenderness upon pressure; circulation 132 per minute; temperature 103.5°; respiration 36. We ordered three grains of quinia every two hours; one drop of fluid extract of aconite with ten grains of chlorate of potash, in solution, every two hours, also; brandy and malt freely; a vaginal injection of a pint of tepid rain water, containing half a drachm each of carbolic acid and glycerin, morning and night; a tablespoonful of oil with ten drops of turpentine, to be given at 5 P.M.

April 23d, 8 A.M. Pulse 120; temperature 103°. Had a small passage from bowels, but no diminution of tympanitis; voided urine freely; slept very little through the night. Ordered another dose of oil and turpentine; also turpentine stupes to abdomen.

8 P.M. Dr. B. saw the case with us. No change in patient since this morning. Substituted one drop of fluid extract of digitalis for aconite. Oil, with turpentine, to be given twice or thrice daily, till bowels move; turpentine freely to abdomen.

April 24th, 9 A.M. Rested pretty well through night, but insomnia prevailed. No passage from bowels. Urinary secretion active. Considerable thirst and anorexia. Mental faculties normal. Temperature and circulation same as yesterday. Gave an enema, which produced a small passage from the lower portion of the bowels, but no peristaltic movement whatever.

Ten drops of tinct. ferri murias, to be given every four hours, in chlorate mixture.

April 25th, 7 A.M. Temperature 103.5°; pulse 132. Slight delirium through night, with symptoms of convulsions, for which the bromide of potash was used, with good effect. Repeated the clyster, which expelled a few scybala. Passed a catheter and drew off a quart of urine, which was found to contain albumen in considerable quantity. Ordered beef essence, which we have been giving, to be increased as much as the stomach would bear it.

8 P.M. Pulse 150; temperature 103°; wildly delirious; voids urine unconsciously. Died at 8 A.M. next day.

Dr. H. attended a case of puerperal fever about three months since, which ran a similar course to the present one. Are we to believe that the contagium was carried by the doctor, and finally effected the destruction of the newly-made mother at this remote period? The case undoubtedly bore much resemblance to the *specific virulent* form; and yet the doctor informs me that he has attended cases in the interim which have made good recovery.

There has been no other source for a specific virus, for the case under consideration and the one referred to are the only ones which have occurred in the vicinity. Nor has there been any erysipelas or other disease which we are wont to regard as contagious. Whence, then, the specific origin, but from the source alluded to? There were symptoms of uræmic poison, as evinced in the mild eclampsia, though it could not have been sufficient to have produced the result. The ordinary train of symptoms attending this grave disorder were wanting, such as anasarca, cephalalgia, vomiting and scantiness of the urine.

I think the most tenable theory is, that it was a blood poison, produced essentially by the absorption of the ichorous discharge issuing from the lacerated cervix and abraded vagina; the speculum disclosed the injury of these parts, as also a small diphtheritic deposit on the lower portion of the posterior wall of the vagina.

The points of special interest are: 1. The almost perfectly stationary temperature, morning and evening, for four days; (the evening temperature being obtained, though not recorded, for the sake of brevity). 2. The prognostic value of such stationary temperature—at as high a point—in any case. 3. The unmistakable evidence of peritonitis without the

least complaint or tenderness upon pressure. 4. Would the early disinfection of the putrid discharge, as advocated by Dr. R., of Iowa, have prevented the septicæmia?

My experience with the carbolated douche has been very favorable; though, unlike Dr. R. (No. 11, vol. xxxviii, MEDICAL AND SURGICAL REPORTER), I do not use it in every case.

The accoucheur should pay strict attention to the constitution of the patient, the lochia, the circulation, the temperature, and by so doing, he can tell when the "preventive treatment" is indicated, and can adopt it before the blood is irremediably impaired; for, in my opinion, it is a powerful means, whereby we may prevent fatal infection of the blood in many instances.

HOSPITAL REPORTS.

PENNSYLVANIA HOSPITAL.

CLINIC OF PROF. J. M. DA COSTA,
JANUARY 16th, 1878.

Stenographically Reported for the MEDICAL AND SURGICAL REPORTER.

Diagnosis of Brain Tumor.

GENTLEMEN: At the conclusion of my last clinical lecture, one week ago to-day, you may remember that I began the discussion of a case of more than usual interest, which has been in the wards for a considerable length of time. In order that we may take up the case understandingly, I will call your attention, very briefly, to the previous history of the case.

The patient is Robert D., 35 years of age, admitted into the men's medical ward, December 15th, 1877. He is not married. His occupation is that of a house painter, but it should be stated, in this connection, that there is no history of lead poisoning at any time, and he has not worked at painting for several years, having devoted his entire attention to politics. He informed us that about five years ago he contracted a chancre, the primary lesion of syphilis, but says that it has never been followed by any eruption upon his body, pains in his bones, chronic sore throat, or, in other words, by those evidences of constitutional infection that by common consent are regarded as belonging to the secondary stages of syphilis. He has also been of intemperate habits, and before the first symptoms of the present illness appeared he had been drinking very heavily for a week. This occurred during a political convention held in the month of July, last year. Following this was a severe pain in his head, accompanied by frequent attacks of vomiting, and persistent malaise; in truth, he has never been well since his lawless indulgence while making laws. His appetite returned, but his bowels have remained obstinately constipated,

and he has been more or less troubled with a headache, and occasionally by pains in his legs. Please observe that he has had no vomiting except at the onset of the disease. Disturbance of vision has lately come on, so that he is now completely blind in the right eye, and the sight of the other is seriously impaired. The pain in his head has been nearly constant, but is always aggravated at night. When he was first received into the hospital he complained bitterly of this, which has always been the most prominent symptom, during the whole course of the disease. It was also observed at that time that partial paralysis of sensation and motion existed in the arm and leg of the left side.

Having refreshed your recollection of this patient by reading this brief clinical record, I will now resume our discussion at the point where it was interrupted at our last lecture by the expiration of the hour. To this history I may add that we could detect no disease of the kidneys, and that the temperature has been but slightly above the normal; in fact, it is what might be thought rather below than above the norm, as it has been down to 98°, and does not range above 99°. I may also state that we have examined the eyes, our examination being afterward confirmed by an expert, with the discovery of most marked choking of the disks, and minute points of hemorrhagic extravasation in the retina of the right eye, in which vision was entirely lost. The eyes were prominent, but not immovable, as he had more or less nystagmus, or constant oscillation of the balls of both eyes, that rendered examination difficult.

I will further add to these observations the prominent phenomena which have appeared during the week, in order that the present condition of our patient may be fully comprehended. There has been more mental uncertainty and hebetude observed of late, and within the last few days he has had hallucinations; but there is no active delirium, and he always responds intelligently when interrogated, though less promptly than heretofore. The headache is about the same. The man is less conscious about his actions, and has had some involuntary discharges from the bowels. He has lost a certain amount of mental control, his moral sense is blunted, he spits in all directions, wets his bed clothing continually, and so frequently uncovers himself in attempts to escape from his bed that it has become necessary to tie the bed clothes over him. Some rigidity of the neck has appeared, and when he sits up the head is bent back by contraction of the posterior cervical muscles.

These are the changes that the last week has prominently developed; and, having these data at hand, we may now proceed to determine what is the matter with this sufferer.

Having brought up the case to the present time, you wish to know the solution of these symptoms, and to know to what they point. This man has, in my judgment, a cerebral

tumor. A careful review of the details which you have just heard leads me to believe that he has a tumor in the brain, which is giving rise to these extraordinary symptoms. Now, you will ask me, first, upon what do I base the diagnosis of tumor, and then you will want to know whether any other malady than a tumor could possibly occasion the symptoms here present.

Taking these queries seriatim, I answer the first by stating that I base the diagnosis of tumor on these points: First, the persistent and intense headache. Secondly, the loss of power in the extremities, the general loss of power we may indeed say, for, though the legs show this loss of power most markedly, we have also loss of power in the arms. Thirdly, on the evidences of pressure within the skull, as shown by the choked disks detected by the ophthalmoscope; and what may be included in the same statement, the loss of vision, and undue prominence of the eyes, forming the condition of exophthalmos. Such are the eye changes in this unfortunate patient. These, then, are my general reasons for recognizing a tumor as the source of these sufferings, and as the sufficient explanation of the pathological changes that have thus far taken place. But I must allude to a few more points here, confirmatory of the position assumed; and one of the more important of these consists in the tendency to spasmodic contractions in the patient before us. These have been particularly observed in the muscles of the neck, in those of the forearm, and very markedly in the intrinsic muscles of the eyeball itself. This strongly endorses the hypothesis of brain tumor, because *spasmodic contractions of muscles occurring in this way, in the progress of cerebral trouble, always point to an irritative lesion*, and such a lesion would be a tumor in the case under discussion. Another fact that enabled me to decide this question so positively was that the mind of the patient has remained comparatively clear. It was never more than slightly obscured, certainly not more than would be fully explained by the severe ordeal of suffering that he has been through. Take any person with prolonged and severe headache, and you will find a mental exhaustion and indisposition to be disturbed, that would readily pass for dullness. We have had, until now, nothing more than such a headache would produce or explain. It is only of late that any marked evidence of aberration of intellect has appeared on the scene, having only come on during the last week. Up to that time he gave perfectly rational and correct answers to all questions. But now he fancies himself elsewhere, and an actor in scenes that certainly do not occur. This, it must be borne in mind, is only a recent symptom, coming on long after his motor disturbances asserted themselves, and even after the retinal hemorrhages.

The peculiar features of the case, then, may be considered as explainable by the existence of a tumor. The most likely solution of the manner

in which these symptoms are produced in a case of cerebral tumor, with which they as part of its clinical history are closely connected, is that, while, at first, little disturbance takes place in the portion of the brain surrounding the growth, eventually, as it increases in size, in the course of its development, large portions of surrounding brain substance become affected, their circulation and function interfered with by the increasing pressure and capillary thrombosis, so as to produce a condition of anemia of certain districts in the brain, and even ultimate softening. You can see how the disturbance in blood supply might extend to other portions of the brain than those primarily involved in the disease, and affect motor areas, remote from, and not directly implicated in, the growth, even to the extent of the production of disintegration. Such considerations as these explain some of the difficulties in the way of exact diagnosis of the location of brain tumors, and which, indeed, have led Brown-Séquard to despair of the possibility of localization, and to declare that when the diagnosis of brain tumor has been made, this is as far as we are warranted in going, and that beyond this it is mere scientific speculation.

Now, gentlemen, I can see this case in no other light than the view we have just taken of it. From the combination of symptoms we could come to no other conclusion than we have just attained. In the general paresis, in the alterations in the eye, in the headache, in the spasmodic contractions, we have the elements that have guided me in my diagnosis. But are there no signs absent? Do we find in this group all the symptoms combined that usually indicate cerebral tumor, or are some of the links wanting? Yes; there is more than one. To begin with, there is an entire absence of local palsy of the face, which so frequently attends intracranial growth. But does its absence invalidate the diagnosis. Not necessarily; I must tell you, however, that sooner or later, in these cases, local paralysis of the face is generally developed in the course of the malady, although in the early stages it may be absent, and in exceptional cases it does not make its appearance at all. Another symptom of brain tumor that is absent in our patient is vomiting; he had it early in the history of the disease, but of late it has completely disappeared. But this need not upset our conclusions. The vomiting is due more to the site of the tumor's development, than to the tumor itself; for a tumor involving the origin of the pneumogastric nerve, starting in the interior of the pons varolii, in the medulla oblongata, or elsewhere in the immediate vicinity, would confessedly yield us a means of definite localization. The diagnosis, then, of its position would be helped by the appearance of vomiting.

When I started the discussion of this case, I asked the question, Is it a tumor? To this I answer, Yes, I think it is. I now proceed to the second query. With these symptoms before

us, can this be anything else than a cerebral tumor. Two possibilities present themselves, but I do not think either of them can be conclusively adopted, in view of the strong evidences we have here of tumor. The first theory is, that it may be a case of chronic meningitis, with exudation, and, if you will, considerable thickening. The second is the existence of diffused softening of the brain; that is, of course, both without the coexistence of a tumor. We will briefly discuss these conditions. I said chronic meningitis with considerable thickening. Now, undoubtedly, this will give you some of the symptoms that we recognize as accompanying tumor of the brain. It would account for the spasms, for the persistent headache, for the early vomiting—in short, for many of the symptoms that usually indicate a cerebral tumor. And, when you look at the rather acute origin of this trouble, at the drinking, and headache following, at the persistent vomiting and the confinement to bed, there is much that favors this explanation. But I refuse to take this view, for these reasons: *Whether acute or chronic, meningitis is always accompanied by fever*; the temperature in this case is normal, or but little raised above the normal—there is no fever here. The absence of fever, then, is against meningitis.

In meningitis, where there is an acute beginning, as there was apparently here, you will also have mental aberration early in the case. We have not had it here until quite late. This circumstance, then, is also against it. Let me also add that the steady progress of the disease, the increasing motor disturbances, the increasing mental trouble, in spite of the treatment, would also be against the view of meningitis, which, if we cannot cure, we may decidedly ameliorate by appropriate remedies. But, you may say, how does this apparently acute beginning agree with the view that we have adopted?

Let me tell you that a tumor sometimes has a period of latent development, and then seems to explode in its symptoms. The tumor comes on, gradually increasing in size for a certain length of time without causing much disturbance, the parts accommodating themselves to the new growth until it gets to a certain size, and then it suddenly gives acute symptoms. I have seen a chronic growth in the brain at an autopsy, where the patient had positively declared that the disease had been acute at its onset, and of very short duration. I am, therefore, not misled by the statement of the patient that this trouble had a strictly acute beginning, and I explain it on the ground that this was only apparently the case.

Now, why may not this be cerebral softening? It might possibly be, but I do not think this can be solely the source of the symptoms. Cerebral softening rarely appears in comparatively young persons without a specific, definite cause, and that cause is disease of the heart or blood vessels. There may be multiple, or moniliform, aneurisms of the finer cerebral vessels, or a plug of

fibrin may be washed from the heart to the brain. So true is this, that a certain eminent writer has said that of cerebral softening, apart from cerebral plugging, he has no knowledge whatever. Then, again, for this man to have an amount of softening of the brain sufficient to prevent him from standing unaided, the disease would have to be general and diffuse softening, and if this were the case, I do not think that he would have retained his intellection and his memory unimpaired, for, from what I have told you before of cerebral softening, you know that it is accompanied by disorders of intellection and failure of memory as an early and a constant sign.

Perhaps this consideration of the case would not be quite complete, if, while calling your attention to cerebral softening, I should not discuss the spasmodic contractions of the muscles in this relation. In softening, spasmodic contractions, clonic spasms of individual muscles are not common; paralysis is common. They belong more particularly to tumor, and generally it is only one particular form of tumor that they are associated with. When spasmodic contractions of muscles do exist in cerebral softening, we find them invariably accompanying conditions with well-marked symptoms, that have not yet occurred in this case.

To return to the consideration of the tumor: First, what is the character of the tumor. Secondly, where is its site?

As to the character of the tumor, I must candidly confess complete ignorance. It is simply impossible for us to recognize the nature of the growth. Nor is it of much consequence, clinically speaking, except to determine whether it is syphilitic or not. But whether or not the new deposit is glioma or sarcoma, either round-, spindle- or giant-celled, or one of the forms of cancer, is of not much importance to the clinician; but the fact of syphilis is of consequence, and the history of the case would favor it. But I am constrained to say that this is not favored by the course of the disease. In these cases we generally have decided influence from medication. It is just in such patients that we have obtained such brilliant results, of late years, by large doses of iodide of potassium. But, unfortunately for the man, the general evidence is against its being one of those cases where anti-syphilitic treatment gives such great relief. At first it was a matter of inference that it was a case of this kind, with syphilitic deposit in the brain, but after faithfully administering the remedies, we have been obliged to reluctantly abandon this supposition, and have lately arrived at the conclusion that it is not a syphilitic trouble, partially on account of the failure of the treatment.

Of course we can guess at the nature of an intracranial neoplasm, but we can absolutely do nothing more. If there is a family history of cancer, we may conclude that it is probably malignant, but it is only a matter of general inference, and we may be right or we may be

wrong. If there are other tumors on the general surface of the body, either malignant, benign, or sarcomatous, we may erect a plausible hypothesis as to the character of the brain-deposit, but it is only possible to make a definite diagnosis on post-mortem examination.

Now, as to the location of the tumor. Here we can speak with more certainty. It would take us too long, at present, to go into the discussion of the symptoms produced by tumors in different parts of the brain; I will, therefore, merely refer to them as they seem to bear on the case we have here. From the evidence we have, I would locate this tumor low down in the encephalon. I would place it centrally at the base of the hemisphere, perhaps near the anterior border of the tentorium, or in the vicinity of the pons, if not in its structure; compressing the motor tracts of the medulla oblongata, just above the point of crossing of the lateral columns, and impinging more on the right than on the left side. I say this because of the general paresis, the general loss of power on both sides, though, really, it is more evident upon the left, forming, indeed, a moderate hemiplegia. If I should locate this growth anywhere else, I would have to assume that the tumor is large enough to compress both corpora striata, which would not harmonize with the other physical signs in this case. I, therefore, incline to locate it where it would press upon the motor tracts at the base of the brain. The prominence of the eyes would be in favor of this view. The only objection to it is that there is, at present, no vomiting. This may be explained by the fact that the roots of the pneumogastric nerves, originating low down in the floor of the fourth ventricle, are not pressed upon. Might it not be, primarily, a tumor arising in the cerebellum? Yes. It might be. Is there disturbance in gait and coördination? Yes; but, unfortunately, we could not make the attempt to test this point until the man was so weak that we were unable to positively answer the question. There was such general loss of power that he could not walk without support, and could not stand unaided. He did, however, show a strong tendency to fall backward when he stood on his feet. The tumor, then, we will conclude, is at the base of the brain, involving the motor tract, with the reservation that it may be either in the pons Varolii, upper part of the medulla oblongata, or anterior portion of the cerebellum.

Bear in mind that there is always a source of fallacy in locating tumors of the brain, from the fact that the circulation of large portions of the brain may be cut off by the progress of the disease; and as I told you at the beginning, this may lead to impairment of function and even actual disease. Independently of this disturbing factor, however, you may also have, in the course of its growth, irritation of surrounding centres, thus producing secondary symptoms referable to distant parts of the brain, in which there is no actual organic disorder. This illustrates the obscurity that

attends the differential diagnosis and localization of brain tumors, and confirms the statement that the discovery of tumor of the brain ends the positive diagnosis. We can go no further. I only tell you this to warn you that there is a source of fallacy, and to show you how difficult it is to decide positively as to the definite and precise location of the trouble.

Having our patient removed, we may discuss the prognosis. It is most unfavorable. The only chance for the man was in the hope that this was a syphilitic growth. But, as this has been negatived by the treatment, we must give a fatal prognosis; he will die, and that before long.

Now I will speak of the treatment that has been pursued. It has been based largely on the possibility of its being a syphilitic tumor, and by the knowledge that even if it were not, it would probably be influenced favorably by large doses of the iodide of potassium. Beginning with small doses, in order to see whether the stomach would tolerate the remedy, we gave fifteen grains three times a day, but soon increased it to two drachms daily, and, indeed, since the 2d instant, he has been taking one hundred and fifty grains of iodide of potassium per diem, without any apparent benefit. It is now useless to push this remedy any further. He has also been blistered at the base of the skull and behind the ears, and has had other remedies, suggested by his condition. What has been done for the headache? We have tried bromide of potassium in large doses, but ineffectually. We tried gelseminum, even to the point of influencing the pupils and inducing ptosis, but also without avail. But taking a small amount of blood has given him the most positive relief for a brief period. The local abstraction of a little blood from the sub-occipital region, by cups and leeches, in these cases of headache from brain tumor, and, I might add, of meningitis, gives more relief than any other remedy. Now, what can be done for his further alleviation. I have found in these cases, occasionally, the best results follow the judicious administration of cannabis indica, in the form of tincture or extract; large doses of bromide are also sometimes valuable. But if we find the pain continue uncontrollable, I will not hesitate to yield him the benefit of a remedy that theoretically is unsuitable to the case, but which will undoubtedly relieve his suffering. This man will not recover; he will die, in spite of all our efforts; why, then, should we deny him the comfort that will result from the judicious use of morphia? a remedy that, clinically speaking, is clearly indicated, although, on theoretical grounds, it might be considered inappropriate, and in ordinary cases of brain tumor is strongly contra-indicated, on account of its tendency to produce congestion of the brain. Small hypodermic doses of morphia, which are well indicated from a clinical point of view, will render the closing hours of life more comfortable, and relieve this terrible suffering. Probably one-

sixth of a grain of morphia given hypodermically, as occasion requires, about twice in the twenty-four hours, will be sufficient to accomplish our purpose.

In connection with this case, I have several others illustrating other forms of brain disease, which I intended to discuss with you this morning, but as the hour has expired, we will be obliged to defer their consideration until our next meeting.

BROOKLYN CITY HOSPITAL.

SERVICE OF DR. RUCHMORE.

Case 1.—Cystic Tumors of Neck.

M., aged 10, U. S. About four years ago the child's mother noticed three small hard growths under the chin, each about the size of a kernel of corn. They increased in size rather slowly, and began to soften. Not much attention was paid to them until about a year ago, when the child was brought to the Out-patient Department of this hospital, for treatment. The tumors then were very soft and elastic, and about as large as hickory nuts. Firm pressure upon them with the fingers caused them to almost disappear, but on discontinuing the compression they appeared again. A hypodermic syringe was introduced into one, and about a drachm of sero-sanguinolent fluid withdrawn. Steady compression by a bandage was used, but did not materially affect the little growths. Afterward injections of iodine were made, which, beyond a slight inflammation, were also of no use. The cysts continued to increase in size. Finally a radical operation for cure was advised, and the child was admitted to the hospital for treatment, under the service of Dr. Ruchmore. The tumors were then about the size of walnuts, and were situated on a diagonal drawn from the angle of the jaw to the upper margin of the thyroid cartilage. The three cysts seemed to communicate with each other, but were independent of the larynx, and freely movable under the skin. The central and largest was first transfixed by a narrow knife. Then a probe was introduced, armed with cotton saturated in pure phenol. Finally, a drainage tube was passed in, and a cold-water dressing applied. On the day following the operation the parts were much inflamed, and a poultice was applied. The tube discharged pus abundantly for a day or two, but this finally ceased. The inflammation subsided, the tube was withdrawn, and the wound allowed to close. Some indurations only were left, the cysts having become obliterated. The indurations slowly lessened, and were disappearing when the patient was discharged cured.

SERVICE OF DR. LOWELL.

Case 2.—Treatment of Rectal Fistula by Galvano-cautery.

R. P., twenty-one, U. S. Patient had an ischio-rectal abscess one year ago, which followed a fall on the pates. It opened of itself, and has been discharging ever since. It is

sometimes very painful. Examination of the patient reveals the existence of a fistula which opens one and a half inches from the margin of the anus, but is incomplete internally, not extending through the mucous lining of the gut. It was decided to operate by means of the galvano-cautery, and the apparatus of Dr. Byrne, of Brooklyn, was used. A platinum wire was passed into the gut, through the fistula, thus making it complete; the wire was then attached to the battery, and becoming red hot burned its way slowly through the tissues. There was, of course, scarcely any hemorrhage, and the after-treatment was as usual. Two days afterward the patient had retention of urine for twenty-three hours, necessitating the use of the catheter. The power of urination then returned, and the patient finally made a good recovery. A second case was also operated upon by the same method, and did well. Both wounds healed by granulation.

Case 3.—Sarcoma of Neck—Galvano-Cautery.

About six months ago, while running backward, the patient struck the back of his head against a column. The force was not sufficient to stun him and the pain was only slight. But a few days afterward he noticed a small lump appearing in the region of the occiput. A few weeks later this became the seat of shooting pains, and six weeks after the injury he began to be troubled with frontal headache and great drowsiness. About this time he consulted a physician, who made an incision into the scalp over the occiput and removed several small pieces of bone. The wound, however, remained open and suppurated freely. Five weeks after this the patient was trephined and a button of dead bone removed. After this a growth made its appearance, which has been steadily increasing until it has attained the size of a large orange. This is very painful, of soft, brain-like tissue, bleeding at the slightest touch. At the edges it is continuous with the scalp. Under it dead bone could be felt. Examination of a portion under the microscope shows it to be a sarcoma, of the round-celled type.

The tumor was removed by the galvano-cautery, because of the free hemorrhage which was feared were the knife resorted to. A loop of platinum wire was passed around the base of the growth and kept in close contact by means of long steel pins thrust into the substance of the tumor. The hemorrhage was very slight, scarcely a drachm of blood being lost. The wound was dressed with salicylic acid dressing. It continued to be very painful, and finally a small portion of the growth which had been left sloughed off. Fungoid granulations shot up around the lower margin of the wound, and the sarcomatous growth reappeared. In the upper portion of the wound the granulations were more healthy and the dead bone appeared to be separating. The sarcoma, however, continued to grow rapidly, and three weeks after the first operation a second and similar one was resorted to, and the recurrent tumor

removed. It was about the size of the fist, and of the same character as before. At the upper portion of the wound there existed a *hernia cerebri*. After the second removal a large piece of bone was found underneath, quite loose, and was also removed. The wound was dressed as before. The patient made a good recovery from the operation, being up and about the ward the second day afterward. At this date, one week subsequent to the second removal, the wound

seems to be progressing favorably, and there are as yet no signs of recurrence and no brain symptoms whatever.

In all these cases operated on by the galvanocautery, until the separation of the ensuing slough, the wound smelt horribly, and frequent and copious syringing of antiseptic fluids was necessary. There were no unpleasant constitutional symptoms, however, and scarcely any fever, only about one-half a degree.

EDITORIAL DEPARTMENT.

PERISCOPE.

Injection of Ergotin in Post-Partum Hemorrhage.

M. St. Philippe relates (*Gazette Médical de Bordeaux*, January, 1878) a case of excessive hemorrhage consequent on faulty insertion of the placenta. Ergot administered by the mouth was ineffectual. He then injected ergotin under the skin, employing Moutard-Martin's solution, which contains one part of ergotin to six of water and six of glycerin. He injected an ordinary subcutaneous syringe-ful under the skin of the arm. The effect was instantaneous; scarcely a minute afterward the uterus firmly contracted, the hemorrhage ceased, and the patient did well. There was a little oedema around the wound, but no inflammation. M. Chantreuil reports also (*Journal de Thérapeutique*, February 25th, 1878) a case of excessive metrorrhagia preceding labor, and succeeding it after the application of forceps, with syncope and uncontracted uterus. In this case, M. Chantreuil injected, at short intervals, four small subcutaneous syringe-fuls of a solution of equal parts of Bonjean's soft ergotin and distilled water. Some of the solution was lost. He estimates altogether the quantity of ergotin injected at twenty-one and a half grains. At the end of half an hour the uterus contracted, and remained firm all night. To counteract the acute anæmia to which such patients often succumb, twelve or fifteen hours after delivery he injected four times a syringe-ful of ether under the skin, and gave other similar injections of brandy during the night. Under this influence, the patient revived and warmth returned. As the stomach would not tolerate anything for days, rectal injections of beef tea, milk, and wine and water, were employed. A blister was applied over the stomach, which tended to restore its tolerance of food; and the patient recovered. Dr. Chantreuil employed, with the same success, injections of ether in four other cases of hemorrhage, of which two were after abortion and two after accouchement. In all four, the state

of the patients was so alarming that transfusion had to be considered. Hypodermic injections of ether, which do not offer the dangers of transfusion, which are easy to practice and require no preparation, appear to Dr. Chantreuil as efficacious as transfusion itself.

On Paroxysmal Hæmatinuria.

At a recent society meeting, in London, Dr. Fenn gave the particulars of four cases of paroxysmal hæmatinuria which had been under his care. Case 1.—A woman, aged 49, was seen in her fifth attack, which existed eight weeks. The first attack occurred sixteen years before. The complications were tonsillitis and subacute rheumatism. Case 2.—A woman, aged 22, had a fourth attack, the duration of which was two weeks. The first attack occurred three years before. The complications were muscular pains and debility. Case 3.—A young man, aged 18, had a fifteenth attack, which lasted a day. The first attack took place four years before. Anæmia and subacute rheumatism existed as complications. Case 4.—A boy, aged 14, had the first attack, the duration of which was six weeks; it was complicated with mitral disease and rheumatic enlargement and tenderness of the finger joints. The urine possessed the usual characters as described by all observers. In color it was very dark and opaque; the quantity was in excess. There was a copious brown deposit, exhibiting, under the microscope, a few misshapen blood corpuscles or none at all, granular matter (hæmatin?), uric acid, and oxalate of lime crystals in abundance. The author suggested the following sequence of events in this pathological condition: 1. A rheumatic or neurosal diathesis. 2. Defective assimilation and consequent formation of unstable blood elements. 3. A paroxysmal or continued disturbance of the nerve ganglia which regulate the functional activity of the blood glands. 4. A consequent rapid retrograde metamorphosis and imperfect oxidation of the blood elements, shown by 5. An excess of *débris* thrown off by the kidneys in the form of unaltered hæmatin granules, uric acid and oxalate of lime. The prognosis was

uniformly favorable. The treatment was unsatisfactory. In the prolonged cases, all styptic and astringent remedies seemed to fail. The chief indication then left was to nourish the patient as well as possible, and insist upon rest and warmth at the commencement of the attack.

The Treatment of Alcoholism.

At the New York State Inebriate Asylum, Dr. David H. Kitchen, the Superintendent, gives the following as some of the prescriptions which have proved to be most reliable:—

R. Acid phosphoric dil., ℥x.
Elixir calisayæ, 3ss. M.

Sig.—To be taken at one dose, and repeated before each meal.

R. Tincturæ nucis vomicæ, gtt.x
Tincturæ cinchonæ co., 3ij. M.

Sig.—To be taken in water before meals.

R. Spt. ætheris sulph. co., 3j
Tincturæ nucis vomicæ, gtt.x. M.

Sig.—To be taken when the patient suffers from great restlessness.

R. Extract hyoscyami, fld., ℥xx
Chloral hydrat, gr.xx.
Aque. q. s. M.

Sig.—For insomnia.

R. Extract fluid hyoscyami, ℥xxx
Sig.—In insomnia, and repeat if necessary.

R. Extract fluid conii, ℥xxx.
Potass. bromidi, gr.xx.
Aque. q. s. M.

Sig.—Repeat in cases of insomnia.

R. Potass. bromidi, ss. gr.xx
Aque. q. s. M.

Sig.—To be repeated, if necessary, in cases of insomnia; particularly useful where there is marked restlessness.

It has frequently been observed in this institution, that a single glass of milk, taken at bedtime, will produce the same effect as an anodyne or hypnotic, and as a rule we adopt this course before we prescribe medicine; often we prescribe medicine in milk. Experience has also demonstrated that the hot bath does more to relieve the unsettled condition of the nervous system than any medicine we can prescribe.

The Effects of Cold and Warm Baths.

A writer in the *Lancet* says:—

The effects of baths are produced mainly by their action on the cutaneous nerves. The sudden immersion of the body in cold water produces a shock, which is followed by a slight shiver in the muscle, and the contraction of the cutaneous capillaries. There is often also a slight gasping of the breath. There is a feeling of cold, and the temperature is at first slightly elevated and then depressed. The pulse and respiration are both quickened, and the amount

of carbonic acid eliminated by the lungs is notably increased. If the water be very cold and the bath continued, these symptoms deepen in intensity; but if the body be quickly removed from the bath, the familiar phenomenon known as reaction appears, and the first effects are all reversed; there is dilatation of the cutaneous vessels, accompanied by a sensation of warmth and a general feeling of vigor. The cooling effect of a cold bath is brought about, probably, in two ways: first, by the actual conduction of heat from the surface of the body by cold water; and, secondly, by a modification of heat production, induced by the influence of the cutaneous impressions upon the heat-regulating centres in the upper part of the spinal cord and the medulla. The very rapid depression of temperature which takes place when hyperpyretic patients are immersed in water can hardly be explained by reference merely to the ordinary laws of heat, and it is almost certain that the central effects produced by cutaneous impressions play a very large, if not the largest, part in the process. The effects of the cold bath being mainly due to impressions made upon the cutaneous nerves, the various modifications of the cold bath largely depend on their power of increasing its stimulating action. The colder the water, the more violent the impression. The frequent change of water, such as we get in the sea or in running streams, increase the stimulating effect. Great force of impact, as when water falls from a height or comes forcibly through a hose upon the body; the division of the stream, as is seen in shower baths and needle baths; and the addition of acids or salt to the water, all act, it would seem, by increasing the stimulating power which the water exerts upon the cutaneous nerves.

Warm baths produce an effect upon the skin directly contrary to that which is brought about by cold water. The cutaneous vessels dilate immediately under the influence of the heat, and although this dilatation is followed by a contraction of the vessels, this contraction is seldom excessive; and the ultimate result of a warm bath is to increase the cutaneous circulation. The pulse and respiration are both quickened as in the cold bath. The warm bath increases the temperature of the body, and by lessening the necessity for the internal production of heat, it decreases the call which is made upon certain of the vital processes, and enables life to be sustained with a less expenditure of force. While a cold bath causes a certain stiffness of the muscles if continued for too long a time, a warm bath relieves stiffness and fatigue, as every hunting man must know full well. The ultimate result of hot and cold baths, if their temperature be moderate, is about the same, the difference being, to use the words of Braun, that "cold refreshes by stimulating the functions, heat by physically facilitating them; and in this lies the important practical difference between the cold-water system and the thermal method of treatment."

THE
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D. G. BRINTON, M. D., EDITOR.

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The following premiums are offered to our subscribers as inducements for them to aid us in increasing our circulation:—

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SOME RECENT ADDITIONS TO THE BOTANICAL
MATERIA MEDICA.

It is not easy to keep pace with the rapid increments to medical botany. Almost every week brings out a new aspirant for popularity in this department.

One of the more important is the *Enothera biennis*, the evening primrose. It is not exactly a new remedy, inasmuch as Dr. G. B. Wood states, in the "United States Dispensatory," that the late Dr. R. E. GRIFFITHS found it valuable in many diseases which show themselves by eruption. He used a decoction of the small branches, leaves, and the bark of the stem and larger branches, and applied this as a lotion to the affected part several times a day. He found it more useful in tetter than in any other disease. He considered its virtues to reside in the mucilage of the cortical layers, which leaves a slight sensation of acrimony on the fauces.

Early in 1877, Dr. R. N. S. DAVIES wrote to the *American Practitioner*, stating that he had found it "a mild but efficient sedative to nervous sensibility, acting more especially on the pneumogastric nerve." He recommended it for further trial in whooping cough, spasmodic asthma, and certain sensitive conditions of the stomach interfering with healthy digestion. More lately, Dr. J. F. SULLIVAN states that eight years' experience has taught him also to regard it as a mild sedative, with the additional property of being an alterative in many diseased conditions of the mucous surfaces. He has found it useful in many cases of dyspepsia, accompanied by an irritable state of the stomach and bladder, but believes its "chief value will be found in typhoid fever, to the treatment of which it is peculiarly adapted by its soothing action upon the intestinal mucous surface."

A more recent discovery is the *Sophora Speciosa*, a native of Texas, the bean of which is used. It has not yet been determined in what part the medicinal activity of the bean resides, but the probability is that it is in the testa. The seeds are contained in the pod, of yellow-

ish-brown color, varying from 1 to 2½ inches in length, and enclosing from one to five seeds. Professor Wood, Jr., has observed in them an apparently new alkaloid, for which he proposes the name of *Sophoria*. Half of one of the seeds is said to be sufficient to produce delicious exhilaration, followed by a sleep lasting one or two days. It is said that a whole seed will kill a man.

The *Duboisia Myoporoides* is an Australian species, of much therapeutic promise. It has marked mydriatic properties, resembling atropia. Its alkaloid, however, is a different substance. The solubility of *duboisia* in water is twice, or more than twice, that of atropine. It has more power in neutralizing acids than atropine. Its behavior to sulphuric acid (cold), and also when heated with bichromate of potash, differs from that of atropine. When boiled with baryta, the odor it evolves is entirely different from that given off by atropine under the same conditions.

Dr. BRISBANE, who introduced the plant to notice, stated that its physiological action would be found to be different from that of atropine; it is certainly much stronger, for the watery extract alone is equal, weight for weight, to atropine. One very peculiar physiological effect is this: If a dose be given to a dog, subcutaneously, he will walk straight forward, and if he get into a corner he will struggle and cry for a long time, and paw at the walls, but it appears never to occur to him to turn round. The same thing will happen if he gets mixed up with the legs of a chair; he will fight with them for some time before he gets out, and seems to have no notion of going anywhere but straight forward. On cats, however, it has not this effect.

Another potent substance is *ditain*. It is the bark of the *alstonia scholaris*, a native of Java, and has been found to contain an active principle, the physiological effects of which resemble those of curare. It is said to be an antipyretic, a vermifuge, and a poison. It has

the property of paralyzing the intra muscular terminations of the motor nerves and the spinal cord at the same time.

Without stopping to talk of *goa powder*, which has been several times referred to in the REGISTER, as a source of chrysophanic acid, we pass on to *chaulmoogra oil*. This is a remedy which has been employed for centuries by the natives of India, in the cure of leprosy and other forms of skin disease. It is a fixed oil procured by expression from the seeds of the *Gynocardia odorata*, which are now officinal in the Indian Pharmacopoeia (*Gynocardia semina*). Mr. R. C. Lepage, late of Calcutta, has collected in pamphlet form all that is known regarding both the plant and the oil. The use of the latter was brought under the notice of the profession in 1854, by Dr. Mouat, of the Bengal Medical Service, who had employed it with considerable success in a few cases of leprosy, scrofula, and constitutional syphilis. But though others have found the remedy of service in these and allied affections, its more general employment has been retarded by the persistent adulteration of the oil by the natives of India. Dr. Dymock, of Bombay, however, has recently discovered means for detecting its adulteration, so that it is believed it can now be procured in a state of purity, and it is expected that the remedy will be found of real service in the above-mentioned diseases, and others of a similar nature. The dose of the oil, which is somewhat unpleasant in flavor and smell, is from five to six drops, gradually increased. It is best given after meals, and may be taken in milk, glycerin, or cod-liver oil. The seeds, coarsely powdered, may be given in the form of pills of five or six grains. In skin diseases the oil should also be applied externally, or the unguentum *gynocardia* (I.P.), which is prepared by heating the seeds to a paste along with simple ointment.

Finally, the *Pinus Cembra*, or Siberian stone pine, is given as the source of a valuable drug in bronchial affections, popularly known in

Northern Europe as "Riga balsam." It is prepared by distillation from the fresh shoots of the tree.

NOTES AND COMMENTS.

Therapeutical Notes.

QUININE IN DIARRHOEA.

M. Gurgot, of Paris, has succeeded in curing some obstinate cases of catarrhal diarrhoea by gradually increasing doses of quinine combined with syrup of codeia.

ERGOTIN SUPPOSITORIES.

The following formula is that very generally used by practitioners in Ireland:—

R. Hard soap,	3j
Water,	mxxx
Ergotin,	gr.xxxij
Glycerin,	3ss.

Dissolve the soap in the water, with a gentle heat, and add the glycerin; evaporate, to get rid of the water, add the ergotin, and pour into moulds. By this manipulation a nice suppository is obtained which is difficult to make with glycerin alone.

BED SORES.

Dr. Duckworth, of London, advises the continuous use of a large poultice. Balsam of Peru may be added if the condition of the sore requires it.

ALCOHOL DRESSING IN SCALP WOUNDS.

Professor Gosselin urges the use of alcoholic dressings in contused and lacerated wounds of the scalp. He says that whatever this dressing may be with regard to other parts of the body, in wounds of the head it seems to be that which gives the patient the most protection from consecutive accidents and leads to the quickest cicatrization. So treated, these wounds have less tendency to inflammation and suppuration, are cured quickly, and are less often attended with erysipelas and phlegmonous inflammation.

New Method of Plugging Teeth.

Dr. Weil, of Munich, has employed and advocated the method of first extracting the tooth, filling it with amalgam or gold, and then replacing it. He states that the results are excellent, and the teeth can be freely used. He keeps the tooth out of the socket for one or two hours, as may be necessary, and yet the tooth ultimately is firmly fixed. He finds the

method quite applicable to both bicuspid and molars. Since extraction can be performed under anaesthetics, many persons will prefer the new method to the old, provided the subsequent refixing does not involve more than complementary pain, and provided also the method is found as successful in other hands as in those of the inventor's.

Color Blindness.

Dr. Lederer, a naval surgeon, in an elaborate paper in the *Wien. Med. Wochenschrift* (1878, Nos. 2 and 4) states that the observations which he has made upon 1300 individuals lead him to the following conclusions:—1. That color blindness, properly so called, in its strictly scientific sense, is a very rare occurrence. 2. People who are not always conversant with colors are pretty numerous; and this should be borne in mind in selecting those who have to be engaged on important services with colored signals. It would be incorrect, however, to regard all such persons as subjects of color blindness.

Number of Pulsations of the Heart.

Dr. Guyot estimates the average number of pulsations of the heart at a little less than forty millions per annum; during a life of fifty years, 1,928,160,000; during a life of sixty years, 2,269,800,000; and during a life of eighty years, 3,007,040,000. To these figures, applicable to an individual in constant good health, have to be added the pulsations of fetal life, calculated at 27,216,000. The total number of contractions in a centenarian would amount to 3 milliards 792 millions and 550,000, or nearly 4 milliards.

Poisonous Face Powder.

A firm of chemists write to the *Lancet*—

"For some time past there has been a sad epidemic among the young children in the neighborhood of London, ending, indeed, in many cases, with the death of the child, the disease presenting every appearance of erysipelas. A client of ours, whose child was similarly attacked, suspected the violet powder in use in the nursery, and sent a packet to us for chemical analysis. We returned a certificate (and, we may add, much to our own astonishment), stating that it contained twenty-five per cent. of white arsenic.

"White arsenic is, we believe, at the present

time exceedingly cheap—at all events, cheaper than starch, of which violet powder is usually made. These poor children, then, have suffered and died from arsenical poisoning. We have ourselves purchased several packets of this powder, and having submitted them to chemical analysis, discovered the same poison in the same amount."

CORRESPONDENCE.

Malarial Hæmatemesis.

ED. MED. AND SURG. REPORTER.

In your issue of the REPORTER, of May 4th, I see the report of a case of malarial hæmatemesis, reported by A. P. Brown, M. D., of Jefferson, Texas. You will please permit me, through the columns of your most excellent journal, to report the following case:—

Mr. E. D. was taken on the morning of July 27th, 1877, with a chill and fever, accompanied by nausea and vomiting; had been having chills for several days; was called to see him at 11 A. M., on the same day that he was taken ill; found him vomiting and purging blood, suffering intense pain of the stomach and bowels, extremities cold, pulse small and quick, and easily compressed; had been vomiting and purging almost incessantly for about two hours; gave him half a grain of sulph. morphia, dry, on the tongue, which checked the hæmatemesis. Ordered the morphia to be repeated, if necessary, and left with a promise to return at 2 P. M. Saw the case at the appointed time, with Dr. J. F. Lightfoot, of this place; he was a little better; had not vomited any since I left him; high febrile movement; gave him iced water and ice freely to drink and to eat, and ordered the following—

R. Quinæ sulph.,	3j	
Acid gal.,	3j	
Pulv. doveri,	3ss.	M.

Div. in chart No. xv.

Sig.—One every two hours.

R. Tr. ergot.,	3ss	
Tr. opii,	3ij	
Ol. terebinthinæ,	3ij	M.

Sig.—Forty drops every three hours.

No more hemorrhage occurred, and he made a rapid recovery. S. J. WEDDING, M. D.
Fordsville, Ky.

—The degree of Doctor of Medicine has recently been conferred in Holland, upon a woman, a Miss Aletta Jacobs, who has announced her intention of publicly practicing medicine at Amsterdam. This is the first instance in Holland in which a medical degree has been conferred upon a woman.

NEWS AND MISCELLANY.

Arkansas State Medical Society.

This Society met at Fort Smith, May 1st. Dr. J. H. T. Main delivered the address of welcome, which was responded to by Dr. R. G. Jennings. Dr. A. W. Carrigan, President, delivered the annual address. He spoke of malarial influences throughout the State that would probably be relieved by proper hygienic measures, and for this object recommended the establishment of a Board of Health by the General Assembly of the State. He criticized the action of the last Legislature in their neglect of this important measure, and trusted that something might be accomplished looking to this end, in the future. Of the six or seven thousand who annually die in this State, fully one-fourth might be saved if proper sanitary precautions were exercised; that the profession of the State are not responsible for this annual loss to our population.

Papers were presented by Dr. J. E. Bennett, on ptois; Dr. T. E. Morrell, on conjunctivitis; Dr. R. G. Jennings, on conservative surgery, and others.

The Judicial Council presented the following resolution, which was adopted:—

Resolved, That no member of the Hot Springs and Garland County Medical Society be allowed to register, or delegate therefrom be admitted at this meeting of the Society. Five members of these societies were also expelled in due form. [We believe their offence was that noted in this journal, cur. vol. p. 180, and similar actions].

The following officers were elected:—*President*—A. A. Horner, of Phillips county. *Vice Presidents*—T. W. Hurley, of Benton county; W. H. Hawkins, of Little River county; J. S. Shibley, of Logan county; Isaac Folsom, of Lonoke county. *Secretary*—R. G. Jennings. *Assistant Secretary*—L. P. Gibson. *Treasurer*—A. L. Breysacher. *Librarian*—J. H. Lenow.

Next place of meeting, Little Rock, the first Wednesday in May, 1879.

The Prevalence of Trichiniasis.

Two well marked instances of trichiniasis have been found in subjects, in one of the dissecting rooms of this city, within the last month. The clinical history was in both unknown.

The fear that fresh fish, especially shad, are infected with trichinæ has been freely expressed in the daily papers. A worm has been noticed on them which has been taken for the trichina. Professor Leidy recently stated, at a meeting of the Philadelphia Academy of Natural Sciences, that this worm has long been known in Europe as a parasite of the herring, mackerel, cod, salmon and other food fishes. It usually infects the internal organs, and is often observed surrounded by a covering, in a close coil, upon the roes, the intestines and the liver. It is

from half an inch to an inch or more long. Most fishes have a few of the parasites, and sometimes they are exceedingly numerous. They appear not to affect the health of the fishes unless they are very numerous, when they impoverish their hosts.

Prof. Leidy believed that they did not affect the wholesomeness of the fishes as food; and perhaps when cooked with them, were good and nutritious. Like others, he felt an antipathy to the worms, and he was in the habit of scraping them off from the roes of smoked herring before eating these.

The Infectious Disease Act.

The second section of the Act to prevent the introduction of contagious or infectious diseases into the United States, approved April 29, 1878, provides:—

"That whenever any infectious or contagious disease shall appear in any foreign port or country, and whenever any vessel shall leave any infected foreign port, or having on board goods or passengers coming from any place or district infected with cholera or yellow fever, shall leave any foreign port, bound for any port in the United States, the consular officer, or other representative of the United States at or nearest such foreign port, shall immediately give information thereof to the Supervising Surgeon General of the Marine Hospital Service, and shall report to him the name, the date of departure, and the port of destination in the United States; and the consular officers of the United States shall make weekly reports to him of the sanitary condition of the ports at which they are respectively stationed."

The Act further provides that the "Surgeon-General of the Marine Hospital Service shall, under the direction of the Secretary of the Treasury, be charged with the execution of the provisions of this act, and shall frame all needed rules and regulations for that purpose, which rules and regulations shall be subject to the approval of the President." In accordance with these provisions, the Supervising Surgeon-General has addressed a circular to the consular officers in various cities, arranging for the transmission of these despatches.

Another Disgraceful Life Insurance Transaction.

This journal has at various times taken occasion to show the false and dangerous system of life insurance generally prevalent in this country. An illustration of it was recently given by the action of the Knickerbocker Life Insurance Company of New York, in refusing the payment of an endowment policy on the life of William M. Tweed, on the ground that he had made a sea voyage without obtaining the consent of the company. No pretence was made that it had endangered his life or injured his health. The daily *Times* of this city justly says of this proceeding:—

"To dodge the payment of such a claim as

this on the miserable quibble which the Knickerbockers raise, is to bring insurance into contempt among people who take into consideration the ordinary risks of life. To take a man's money for a series of years, under pretence of insuring his life, and then, on a mere technicality, to refuse to pay the amount justly due, is simply to commit robbery."

Governmental Precautions Against Typhus, Cattle Plague, etc.

The Department of State has received a despatch from the United States Minister at Athens, reporting that, in consequence of the prevalence of exanthematic typhus and small-pox at Constantinople and Salonica, passengers coming into Greek ports will not be allowed to communicate with the shore until after examination by the health officer, and those suffering from the diseases will be quarantined. Malignant typhus and small-pox prevail among the soldiery in many other parts of Turkey.

Mr. John Meredith Read also reports that, as a sanitary precaution against the cattle plague, the Greek Minister of the Interior has forbidden the importation into Greece of oxen and buffaloes, and of every substance taken from those animals, coming from Thrace or Asia Minor. They may, however, be imported into Syria and Corfu.

A National Discredit.

To the disgrace and discredit of this whole country, in the House of Representatives, on May 5th, the vote of Speaker Randall caused the defeat of the proposition, in the executive and legislative appropriation bill, to increase the force in the Surgeon General's office so as to facilitate the adjudication of the claims of the pensioners of the late war. The vote resulted in yeas, 115; nays, 114. Another vote was taken on the motion to strike out the section which authorized the entire clerical force (six excepted) now employed on the medical and surgical history of the war to be employed on the work necessary to the prompt payment of pensions. The motion was rejected—yeas, 108; nays, 115. The completion of this magnificent work is thus hampered and postponed. With the present force in the Surgeon's office, it is impossible to reach the case of an applicant for a pension in less than fourteen months. The object of the increase of force was to facilitate matters so that a report could be made in reasonable time. This point could have been reached in six months, had the section passed. Applicants must now wait.

—The Hospital newspaper boxes, in which persons can deposit newspapers and other reading matter for the benefit of hospital patients, have been established in the several railroad depots of this city, and physicians will do well to remind their friends of them.

Obituary Notices.

—General J. J. B. Wright, Surgeon United States Army, died at Carlisle, Pa., last week, aged 78 years. General Wright entered the service in 1833, and served with distinction in the Mexican war. He was connected with the military post at Carlisle for fifteen years prior to 1877, in which year he was placed on the retired list, with the rank of Brigadier General. He was the father-in-law of Generals Stanley and Barriges, and the father of Surgeon J. P. Wright.

—Dr. Alfred Wagstaff died on May 3d, at his residence at Islip, Long Island, in the seventy-fifth year of his age. Dr. Wagstaff was born in New York, and was well known years ago as a medical practitioner, and during his life accumulated a very large fortune.

Personal.

—The trial of Dr. George H. Marshall, indicted for malpractice which resulted in the death of Alice Kernan, of Pittsburg, in March last, was concluded May 11th. The defendant was sworn on his own behalf, and his evidence was sufficient to satisfy the jury of his guilt. The case was submitted to the jury this morning, and after a few moments' deliberation, a verdict of guilty as indicted was rendered.

—Among those who have been recently carried off by typhus in St. Petersburg is Dr. Blessig, Surgeon to the Ophthalmic Hospital of that city, into which typhus had been carried by one of the patients operated upon. Born at St. Petersburg, and highly educated under von Graefe, Virchow, and other German celebrities, he had established himself in his native city as a highly successful and scientific oculist.

—The April number of the *Ohio Medical and Surgical Journal* contains an appreciative biography of the late Dr. S. D. Turney, Professor of Diseases of Women and Children, Starling Medical College, written by Dr. J. H. Pooley.

A Consultation with an Old Style Doctor.

Dr. W. P. King related, at the last meeting of the Missouri State Medical Society, some of his early experiences in the southwest parts of that State. He was young then, and recalls this incident.

"Of all the things that afflicted me in my early experience as a physician, the idea of a consultation was the worst. I dreaded meeting the old physicians. I thought gray hairs and wisdom were synonymous words. There was a man practicing in that country who had been there, well, ever since the flood. He had a wonderful reputation. I put the thing off as long as I could, but the inevitable came at last. One of the prominent men in my neighborhood got sick with pneumonia, and when the lung had solidified, and he had passed near unto death, I honestly informed the family of his

dangerous condition. Of course they wanted Smith. I call him Smith, because that was not his name. Smith came, and I met him with fear and trembling. He wore a No. 3 hat and a No. 13 boot. I gave him the history of my case and the treatment, and awaited the coming storm. I expected to be overwhelmed with a flood of technicalities and with his wonderful knowledge of pathological anatomy. He looked at me through his spectacles with the gravity of an owl and said: "Doctor, did you ever try a black cat-skin poultice in these cases?" I admitted that, in my ignorance, I never had. I thought it a good time for me to get out of the case; so I informed the family that, as Dr. Smith had been their family physician before they knew me, he had better take the case. They were only too glad to make the change. That was an awful and calamitous night on cats, especially black cats.

The man died, and Smith told them that if he had seen the case two hours earlier, and had succeeded in getting a "leetle" blacker cat, he would have saved him. The family still think so.

Items.

—Physicians desirous of visiting the meeting of the New Jersey State Medical Society can obtain excursion orders, good from May 28th to June 1st, for \$3.36, by applying to Dr. H. Genet Taylor, Camden.

—In one of the relief camps in India recently, among the famine stricken natives brought in was "a full-grown man, large-limbed and big-made, who weighed forty five pounds.

—Quinine is so high in Texas that the editor of the *Dallas Herald* cannot afford to indulge in the favorite luxury of his section—fever and ague.

MARRIAGES.

BREHMAN-SMITH.—In New York, April 26th, by Rev. M. N. Cornelius, assisted by Revs. H. Baker and Bruce, Dr. Geo. E. Brehman and Miss Jennie Smith, daughter of S. H. Smith, Esq.

CULBERTSON-CHAPMAN.—At Buffalo, N. Y., April 17th, by W. Alfred Gay, J. N. Culbertson, M.D., and N. Francella Chapman, all of Buffalo.

LEADENHAM-SMITH.—At the residence of the bride's parents in Beaver City, April 22d, by Rev. Mr. Allen, Dr. J. W. Leadenham and Miss L. May Smith.

REEDER-HAY.—At Scudder's Falls, on Thursday, April 25th, by the Rev. John Hall, D.D., Dr. Henry Reeder, of Seneca county, New York, and Miss Sarah A. Hay, daughter of the late Col. James N. Hay.

WELLMAN-BRENNAN.—In New York, on Friday, April 28th, by Rev. Dr. Orniston, W. I. Wellman, M.D., and M. Christina Brennan.

DEATHS.

WAGSTAFF.—Suddenly, at his residence, Tahlulah, West Islip, Long Island, on Friday, April 2d, Dr. Alfred Wagstaff, in the seventy-fifth year of his age.